



Delaware Authority on Radiation Protection

**Application for Temporary Variance to the Delaware Regulation for the Certification of
Radiation Technologists/Technicians**

**Grant of one year to achieve dual certification
for operators of PET/CT or SPECT/CT**

The Delaware Authority on Radiation Protection reviewed PET/CT or SPECT/CT technology certification requirements, and has determined that it is in the best interest of the public health and safety to assure that individuals performing this hybrid modality in Delaware are dual-certified as Nuclear Medicine Technologists or Radiation Therapists, and as Medical Radiologic Technologists. The Authority on Radiation Protection is providing an opportunity for this temporary variance to allow individuals currently qualified by their employers to perform PET/CT or SPECT/CT for one year, until they achieve dual certification.

The American Registry of Radiologic Technologists (ARRT) offers a sub-specialty examination in CT to individuals who already hold credentials in Radiography, Nuclear Medicine Technology or Radiation Therapy. The Delaware Authority on Radiation Protection is offering a temporary, one-year variance to registered x-ray machine facilities, to allow their employees to complete the ARRT eligibility prerequisites to sit for their sub-specialty CT examination. Upon passing the ARRT CT sub-specialty examination, the examinee will be eligible to apply for a Delaware Medical Radiologic Technologist certificate.

Please complete both pages of this application (PLEASE PRINT)

Facility Name _____ Facility Registration Number _____
Facility Street Address _____
Radiation Safety Officer (RSO) Name _____ Phone No. _____
Technologist Name _____ Delaware Certificate No.(s) _____
Technologist Name _____ Delaware Certificate No.(s) _____

I certify that the employee(s) named above intend to meet ARRT eligibility requirements, pass the ARRT CT sub-specialty examination and apply for certification as a Delaware Medical Radiologic Technologist, in order to lawfully perform PET/CT or SPECT/CT hybrid procedures. I understand that the affected employees will have from January 1, 2009 to December 31, 2009 to pass the exam and if they do not succeed, they will be prohibited from performing the CT portion of the hybrid procedure after the specified one year period has expired. I understand that failure to meet the terms of this variance or allowing non-dual certified technologists to perform PET/CT or SPECT/CT after the one year period has expired will cause the facility to be issued a Notice of Violation on its X-ray Registration. I certify that the information provided in this application is true to the best of my knowledge.

Facility Owner Name/Job Title (printed) _____

Signature: _____ Date: _____



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**Application for Temporary Variance to the Delaware Regulation for the
Certification of Radiation Technologists/Technicians**

**Grant of one year (January 1, 2009 to December 31, 2009) to achieve dual
certification for operators of PET/CT or SPECT/CT**

Please complete both pages of this application (PLEASE PRINT)

I, representing the _____ (facility name) am applying for a temporary variance on behalf of specific individuals named on page 1 of this application, and attest by my signature below that: (1) I have the authority to attest to this matter, (2) the temporary variance is necessary to obtain a beneficial use by the facility by providing needed radiation therapy to patients with serious diseases using existing personnel; and (3) as the subject technologist's employer, this organization has taken steps through in-house and other training to protect the patients being treated by the subject technologists.

Following are the specific measures being taken to protect the health and safety of the public from ionizing radiation and assure that the provisions from which the variation is sought will be observed:

I certify that the information provided in this application is true to the best of my knowledge.

Facility Owner Name (printed) _____

Facility Owner Job Title (printed) _____

Signature: _____ Date: _____